

Crane, Peter A.

From: FormAssembly <no-reply@formassembly.com> on behalf of Response Report <report@formassembly.com>
Sent: Monday, August 20, 2018 12:25 PM
To: IME Provider Enrollment
Subject: Your form "Family Planning Program Provider Attestation" got a response

Categories: Green Category

Your form "Family Planning Program Provider Attestation" has received the following response:

Submitted on: 08/20/2018 01:24:50 PM

Completion time: 5 min. 48 sec.

Provider Information:

R. Wanakee

R.

R. Carr

Q. Entity

R. Wanakee Carr

Q. National Provider Identifier (NPI)

R. [REDACTED]

Q. Tax Identification Number:

R. [REDACTED]

Q. Address

R. 1510 East Rusholme Street

Q. City

R. Davenport

Q. State

R. Iowa

Q. Zip:

R. 52803-2463

Q. Email:

R. [REDACTED]

R. 563

R. 327

R. 2035

Attestation (Current providers only): Q. Signature (Please type in your name below as your signature) R.
Mayema Reynolds

Certification Statement:

Q. Please certify that each of the statements below is true and accurate by checking each box. Each statement must be certified for the attestation to be completed.

R. - I authorize the Iowa Medicaid Enterprise (IME) to verify the information submitted in this attestation form.

- I certify the information contained herein is true, correct, and complete. If I become aware that any information in the attestation form is not true, correct or complete, I agree to notify the IME immediately.

- I understand that any false statement, omission or misrepresentation of a material fact may result in recovery of all funds paid as a result of such false statement, omission or misrepresentation and may also result in prosecution under state and federal laws.